

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number VTN-0567 DECLARATION Attorney Docket Number AND **POWER OF ATTORNEY** First Named Inventor Douglas G. Vanderlaan et al. FOR UTILITY OR DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** Declaration Submitted with Declaration Submitted after December 20, 2001 Filing Date Initial Filing OR Initial Filing (Surcharge (37 CFR 1.16(e)) required) **Group Art Unit Examiner Name** As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ANTIMICROBIAL CONTACT LENSES CONTAINING ACTIVATED SILVER AND METHODS FOR THEIR PRODUCTION (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed

1	Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?			
	Number(s)				YES	NO	_	
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							





DECLARATION - Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Application Number(s) П Additional provisional application numbers are listed on a 60/257,317 December 21, 2000 supplemental priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Status Filing Date **Application Serial No. Patented** Patented Patented I hereby appoint: **Place Customer** Number Bar Code 000027777 Practitioners at Customer Number Label Here AND Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Address all telephone calls to Ruby T. Hope at telephone number (732) 524-1024. **Customer Number** or Bar Code Label 000027777 OR Correspondence address below Direct all correspondence to: Name: Address: Address: ZIP City: State: Country Telephone: Fax:

City

Jacksonville





I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: **Family Name Given Name** or Surname Vanderlaan (first and middle [if any]) Douglas G. Inventor's Date Signature **Country USA Citizenship USA** State Florida Residence: City Jacksonville Mailing Address 8114 Parkridge Circle S. **ZIP** 32211 **Country USA** State Florida Jacksonville City I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name (first and middle [if any]) Ann or Surname Meyers Inventor's Signature Date **Citizenship**USA Residence: City Jacksonville State Florida **Country USA** Mailing Address 3134 Misty Creek Lane Country USA State Florida City Jacksonville I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF THIRD INVENTOR: **Family Name Given Name** (first and middle [if any]) Susan or Surname Brown-Skrobot Inventor's Signature Date **Citizenship USA** State Florida **Country USA** Residence: City Jacksonville Mailing Address 8707 Rolling Brook Lane

State Florida

ZIP 32216

Country USA